

Name in Full

Lorena Athey

Town

County

Died at

Barton

Allegheny

MARYLAND

Date 1902 Jun 12

Month

Day

Y.

M.

D.

Native of

Occupation

Age 5

Age

5

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John C Athey

Mother's

Name

Maggie Shatzer

Cause of

Primary

Intellectusis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

St Boucher
Barton

Address

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Baker

Town

County

Died at

Cumberland

alligany

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 29

Age

57

Shoe maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Baker

Mother's

Maiden Name

Catherine Groer

Cause of

Primary

Bright's Disease

How long sick

Several years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. A. Town, M.D.

Address

Slacks St.

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Henry Betz
 Died at Cumtland Town Allegheny County MARYLAND
 Date 1902 Month 1 Day 26 Y. 0 M. 8 Native of Germany Occupation Baker Retired
 Male White Married Widow Divorced Widower
~~Female~~ Colored Single Number of children living 2

Husband of Mrs Betz
 Father's Name Betz Mother's Maiden Name 104

Cause of Death { Primary Acute Gastritis How long sick 7 days
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. N. Foshman

Address I
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henryetta Brown

Town

County

Died at Cumberland. Allegany

MARYLAND

Date 1902 Jan. 28 | Age 22 | Native of Md. | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Henry Brown Elizabeth Sanders

Cause of Primary Tuberculosis 27

How long sick

2 1/2 yrs.

Death

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. H. Town, M.D.

Address

9 S. Clark St

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Caroline Castle

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

6

Age 74

U.S.

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widow

Number of children living 4

Wife

Marion Castle

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Val., Heart Disease

Death

Immediate

Exhaustion.

How long sick

One year

Accident, Suicide, Homicide

Reported by

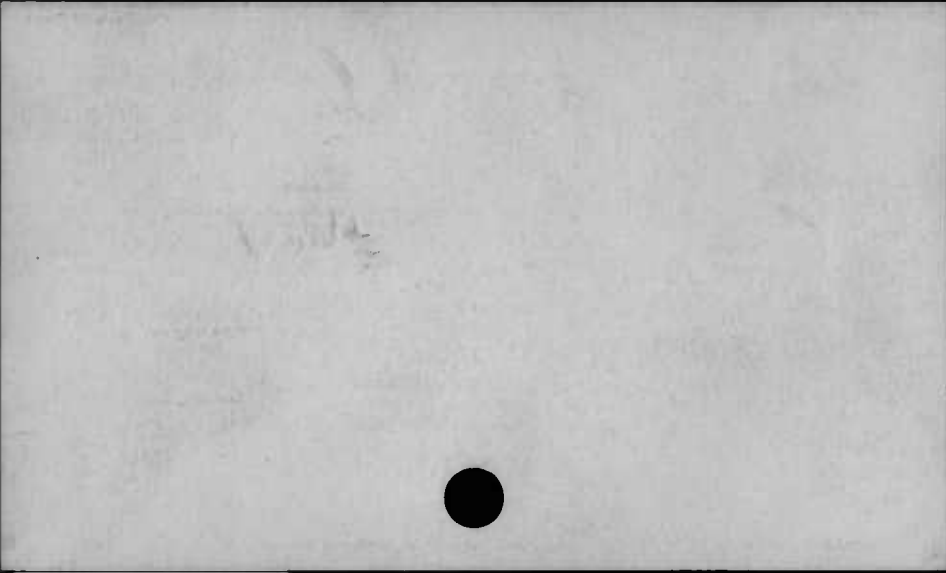
H.B. Miller

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78802



Name in Full

Certificate of Death

Lillian Ethel Cole

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

- 4 -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Whooping Cough

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



No name

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

January 12

Age

1

male

Student

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

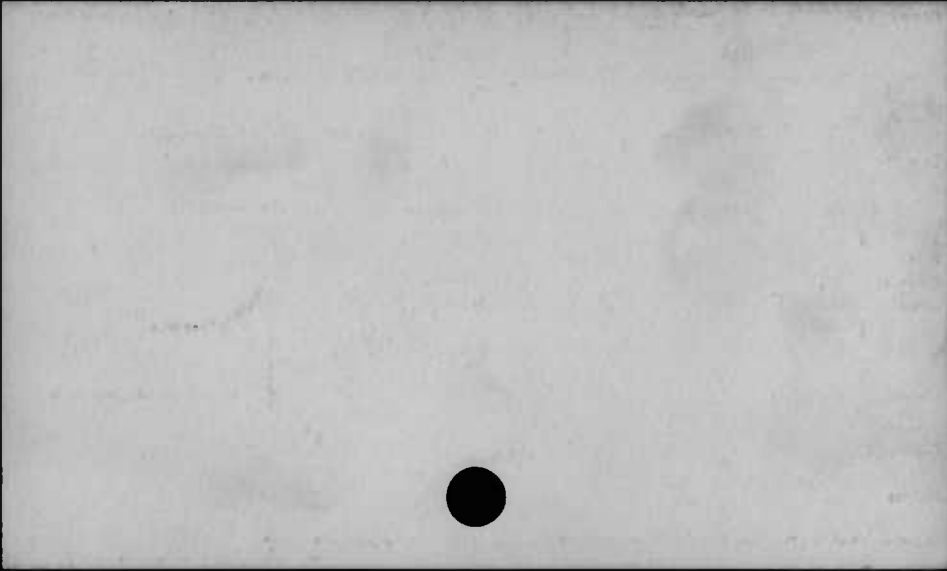
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *John Dye*

Died at *Dan's Mountain* Town *Allegany* County *MARYLAND*

Date 1902 *1* *23* Month Day Age *71* *6* *6* Y. M. D. Native of *U.S.* Occupation *Farmer*

Male *White* Married *Widow* ~~Unmarried~~ *Female* ~~Colored~~ *Single* ~~Widower~~ Number of children living *3*

Husband of *Elizabeth Dye*

Father's Name *_____* Mother's Maiden Name *_____*

Cause of Death { Primary *old age* Immediate *Bronchitis* } How long sick *154* *6 Weeks*

Accident, Suicide, Homicide

Reported by *W. B. Prosmarkle*

Address *Lonaconing Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ida Eaton

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date 1902 ^{Month} Jan ^{Day} 2 ^{Y.} ^{M.} ^{D.} Age 32 ^{Native of} Washington ^{Occupation} Housework

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 3

Husband of James Eaton
 Wife
 Father's Name
 Mother's Maiden Name

Cause of Death { Primary *Septisemia* 20
 Immediate *Exhaustion*

How long sick 10 days
 Accident, Suicide, Homicide

Reported by *Thos. M. Fourn, M.D.*
 Address *194 Centre St* *Cumberland, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *James Edwards*
 Town *Ocean* County *Wicomico* MARYLAND

Date 189*02* Month *1* Day *30* Y. M. D. Age *22* Native of *American* Occupation *Bookkeeper*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living

Husband
of
Wife

Father's Name *James Edwards*

Mother's Name *166*

Cause of Primary How long sick

Death Immediate *Crushed under Engine* Accident, Suicide, Homicide

Reported by *Ischam & Mayer*

Address *Forrestburg* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Gehauf & Meyer
of *Fresburg Mo*

Name In Full

Certificate of Death

Fredrika Eichhorn

Town

County

Died at

MARYLAND

Date 1902 Jan 8 Y. M. D. Native of Germany Occupation
 Male White Married Widower
 Female Single Number of children living 8

Husband of

Wife

 Father's
Name

 Mother's
Name

Cause of

Death

Primary

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Leten F. Freaney
Town

County

Allegheny

MARYLAND

Died at *Cambridge*
Month Day

Y. M. D.

Native of

Occupation

Date 1902 *July 12*

Age

2

Ind

child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

~~Number of children living~~ *1*

Husband of

Wife

Father's

Name

Barney Freaney

Mother's

Maiden Name

Mary Kiburger

Cause of

Primary

Whooping Cough & Convulsions

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

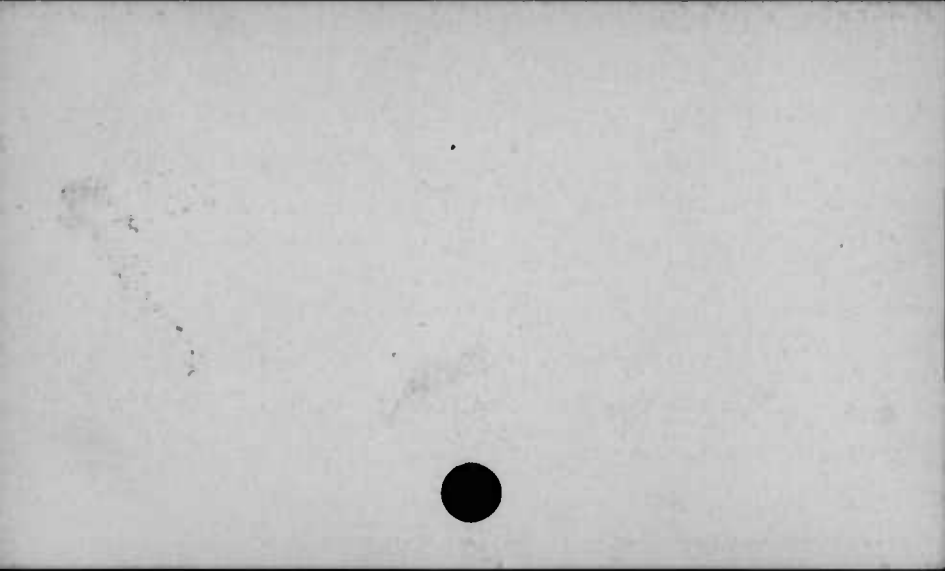
J. Jones & Co.

Address

Cambridge

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Benj. S. Foye

Town

County

Died at

Barton

Allegany

MARYLAND

Date 1902 June 14

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age 36

4

Am

engineer

Married

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

4

Husband

of

Unice Jones

Father's

Name

Wm Foye

Mother's

Name

Elizabeth Butler

Cause of

Primary

Fatty degeneration of heart

How long sick

2 weeks

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

St. Boucher
Barton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 4036



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Single~~~~Widow~~

Widower

Divorced

Number of children living

MARYLAND

Mother's

Maidan Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Not named

Certificate of Death

Died at Town *Not Savage* County *Allegheny* MARYLAND

Date 1902 Month *1* Day *1* Y. M. D. Age *few hrs.* Native of *Maryland* Occupation *—*

Male White Married Widow Divorced Female Colored Single Widower Number of children living *—*

Husband
of
Wife

Father's Name *Wm. Hammer.* Mother's *Budget O. Brein*
Name Maiden Name

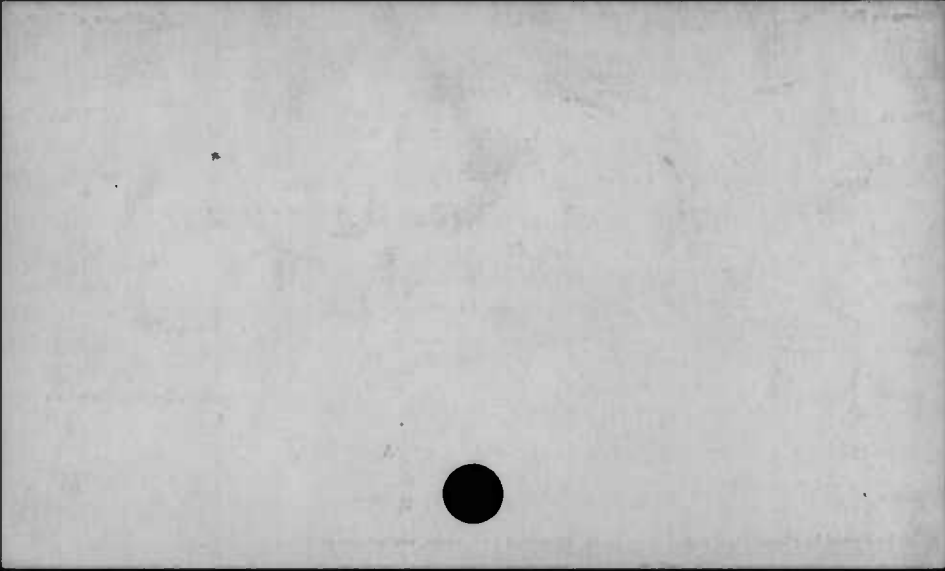
Cause of Primary *Protracted Labor.* How long sick *151*

Death Immediate Accident, Suicide, Homicide

Reported by *A. P. Brown* *MD*

Address *1 Not Savage* *Not*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *James A. Howard*

Town *Smaconing* County *Allegheny* MARYLAND

Died at *Smaconing* *Allegheny*

Month *Jan* Day *19* Y. *65* M. *9* D. *3* Native of *New York City* Occupation *Welder*

Date 19*02* *Jan* 19 *19* Age *65-9-3* *New York City* *Welder*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Number of children living *7*

Husband of *May F. Nash (deceased)*

Wife *May F. Nash (deceased)*

Father's Name *Thomas Howard* Mother's Maiden Name *Catharina Keating*

Cause of Death { Primary *Osteoma Cervical vertebra* How long sick *7 months*

Death { Immediate *Paralysis* *45* ~~Accident, Suicide, Homicide~~

Reported by *James A. Bullerch M.D.*

Address *Smaconing Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Patrick Tamm

Town

County

Died at *Cumbersland* *Alleghany*

MARYLAND

Date 19 *02* *Jan* *23* | Age *90* - - | *Ireland* | *Retired*
 Male | White | Married | Widow- | Divorced |
 Female | Colored | Single | Widower | Number of children living *89*

Husband of *Mary Tamm*
 Wife
 Father's Name

Mother's
 Maiden Name

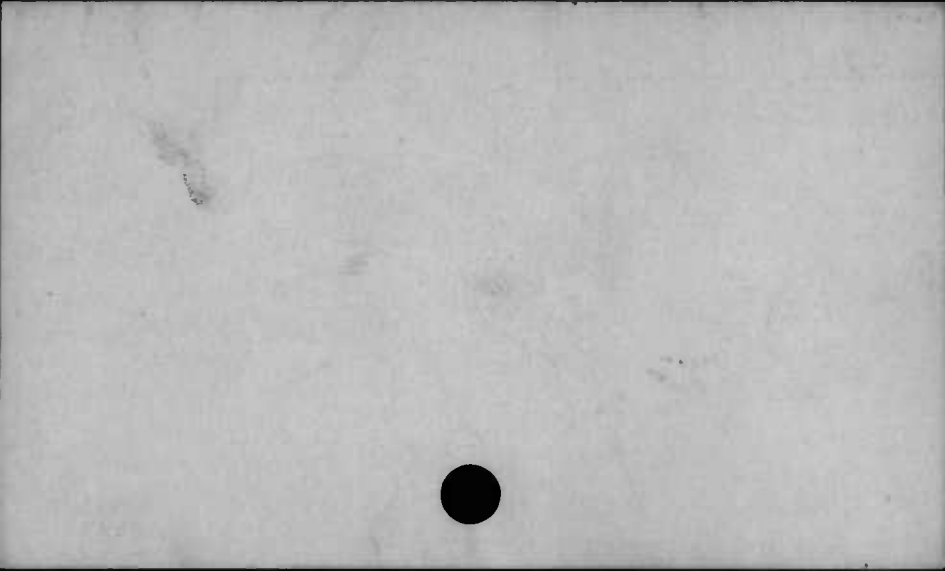
Cause of { Primary *General Debility*
 Death { Immediate *Exhaustion*

154

How long sick
Several years.
 Accident, Suicide, Homicide-

Reported by *Thos. M. Tamm, son*Address *Cumbersland, Md. 9 S. Clark St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

02

Month

1

Day

1

Age

87

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Old age

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, ~~Homicide~~

Reported by

B. C. Miller.

Address

Cumba, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Name in Full *to Anne - (Stee born) - Loring*
 Town _____ County *Accomack* MARYLAND
 Died at *Cumbebebe* Month _____ Day _____ Y. _____ M. _____ D. _____ Native of _____ Occupation *dress*
 Date 1902 *January* 26 Age *- - 1* *ma*
 Male _____ White _____ Married _____ Widowed _____ Divorced _____
 Female _____ Colored _____ Single _____ Widower _____ Number of children living *2*
 Husband of _____
 Wife _____
 Father's Name *John H. - Loring* Mother's Maiden Name *Annie E. Groves*
 Cause of Primary _____ How long sick _____
 Death Immediate *bad born* Accident, Suicide, Homicide _____
 Reported by *James E. Loring*
 Address *Cumbebebe* _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry Loring

Name in Full

Certificate of Death

Francis Laing

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

January

4

Age

84

1

27

Germany

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

About one year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. J. W. W. W.

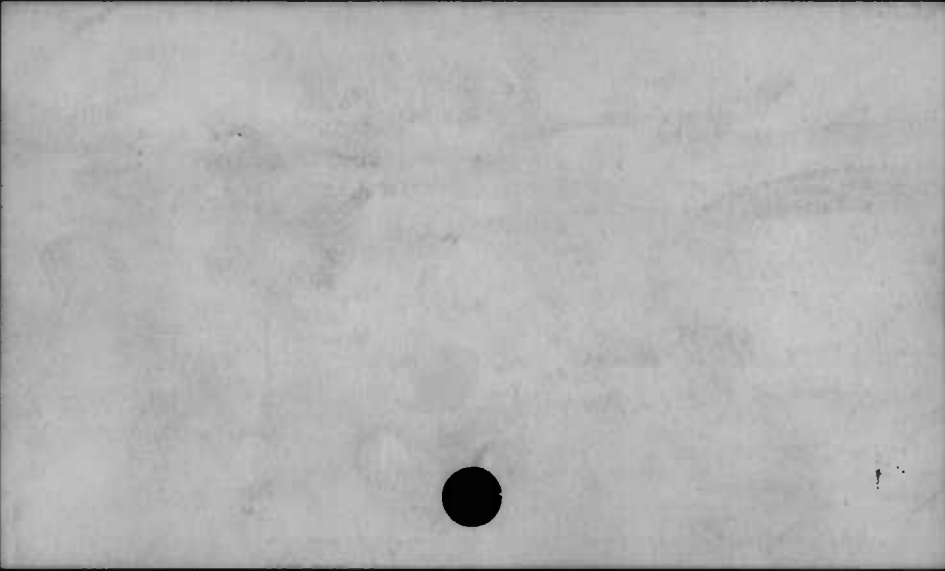
Address

Cumberland

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

William Oliver Lee

near *Leeds* Town *Leeds* County *Allegheny* MARYLAND

Died at *Leeds* Month *1* Day *11* Y. *44* M. *1* D. *1* Native of *Leeds* Occupation *Leeds*

Date *1902* Male *White* ~~Married~~ *Widow* ~~Divorced~~ *Number of children living*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of *Leeds*

Wife

Father's Name *Leeds* Mother's Maiden Name *Leeds*

Cause of Death { Primary *Apoplexy* Immediate *64* } How long sick *4 days*

~~Accident, Suicide, Homicide~~

Reported by *M. J. Swigg*

Address *Leeds*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Lee
 Town

County

Allegheny
 MARYLAND

Died at McCow Mills

Date 1902 Jan 6
 Month Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's Name Wm Lee

Mother's Name Minnie Shuhart

Cause of Death { Primary Pneumonia
 Immediate Coronary

How long sick 5 days

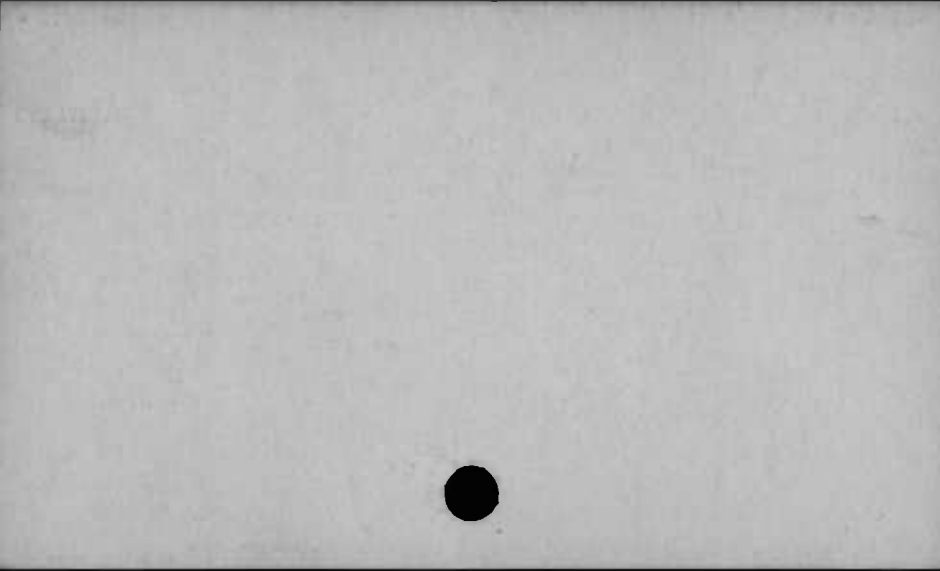
Accident, Suicide, Homicide

Reported by R. J. Zoucker

Address Barton, Md

Mus. be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name In Full

Certificate of Death

Lewis' St Stephen M CuckerDied at ^{Town} Mt Savage ^{County} Allegheny MARYLAND

Date 1902	Month Jan	Day 6	Age 23	Y. 4	M. D.	Native of Maryland	Occupation Minor
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of _____
 Wife _____

Father's Name Jacob M Cucker Mother's Name Emily Fizer

Cause of Death { Primary Killed on R. R. Road
 Immediate
 How long sick _____
 Accident, Suicide, Homicide

Reported by Martin Jenkins Undertaker
 Address Hancock Was Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Mc Lee Jr.

Town

County

MARYLAND

Died at

Donacoring

alligany

Date 19

02 Jan 2

Age

61-10-0

Native of

Scotland

Occupation

Miner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

8

Husband

of

Wife

Father's

Name

Henry Mc Lee

Mother's

Maiden Name

Cause of

Primary

Gastric

Death

Immediate

Pneumonia

How long sick

14 days

~~Accident, Suicide, Homicide~~

Reported by

M. Gibson Fortin

Address

Donacoring

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Minnick's

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 June 7

Age 82

Md

Domestic

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

old age

154

How long sick

833 months

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. J. Minnick

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

George Wesley Morgan

Town

County

MARYLAND

Died at Barlow Allegany

Date	1902	Month	Jan.	Day	31	Age	Y.	M.	D.	Native of	Maryland	Occupation	Miner
Male		White		Married		25	9	-		Widow		Divorced	
Female		Colored		Single						Widower		Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Softening of Brain

How long sick

Death

Immediate

Do not know

~~Accident, Suicide, Homicide~~

Reported by

C. J. Smith

M. D.

Midland

In 2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Robert Hater

Town

County

Died at

Barton

Allegheny

MARYLAND

Date 1902 Jan 1 Y. 25 M. 6 D. 2 Native of L Occupation L

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widow~~ Number of children living L

Husband of

Wife

Robert Hater

Mother's Name

Cause of Primary

Death Immediate

Consumption

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

St Bonchur

Barton Md

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Theodore Ambrose Ogle

Town

County

Died at

Cumberland

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 24th

Age 74 - -

Jed, Coroner

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 8

Husband of

Mrs. Lucilla Morrison

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Phthisis

Death

Immediate

Exhaustion

How long sick

2 mos

Accident, Suicide, Homicide

Reported by

Y. L. Rander

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full

Certificate of Death

Hanson Earl Porter

Died at ^{Town} Eckhart^{County} Allegany:

MARYLAND

Date ¹⁹⁰² ^{Month} Jan ^{Day} 19Age ^{Y.} 2~~M.~~ ~~D.~~

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

1042

Cause of Death { Primary Congestion of stomach
Immediate ant bowels.

How long sick

Accident, Suicide, Homicide

Reported by

B. L. Knowlton
Eckhart

Address

To be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 62445



Name In Full

Certificate of Death

John Rice

Town

County

MARYLAND

Died at

Cumtland

Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 23

Age

86

md

Farmer

Male

White

Married

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Immediate

Exhaustion

Death

How long sick

6 days

~~Accident, Suicide, Homicide~~

Reported by

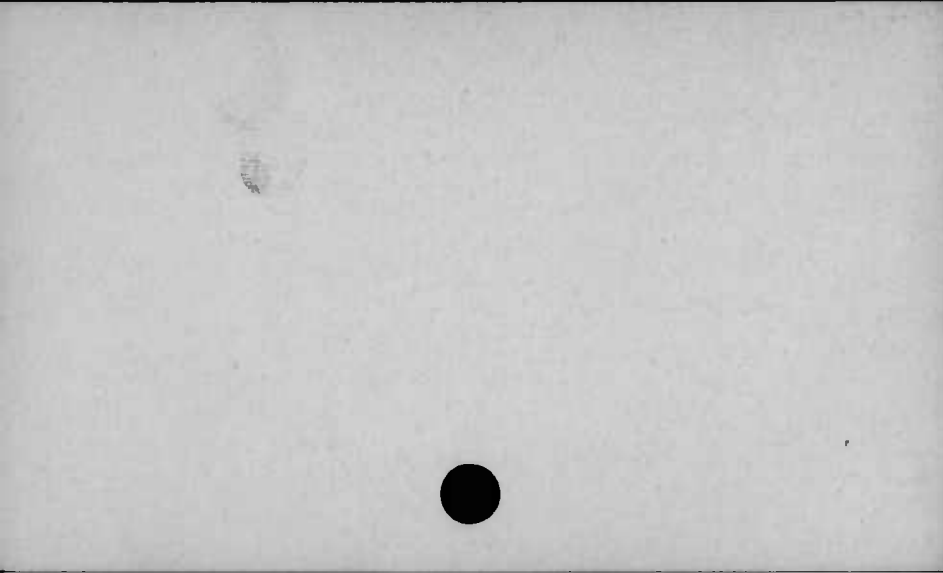
M. F. Loring

Address

Cumtland, Md.

93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs James Rittier

Town

County

MARYLAND

Died at

Cumberland

Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 17

Age 62

F -

V.A.

Hawkins

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Four

~~Husband~~ of

James Rittier

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer of liver

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. W. W. W.

40

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5-

of

Mother's

Maiden Name

Primary

Immediate

How long sick

4 days

~~Accident, Suicide, Homicide~~

Address

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Name in Full **Jean Robertson**
 Town **Donacoming** County **Allegany** **MARYLAND**
 Died at **Donacoming**
 Date 19 **02** Month **Jan** Day **10** Age **74** Y. **3** M. **4** D. **4** Native of **Scotland** Occupation **Wife**
 Male **White** Married **Widow** ~~Divorced~~ **Female** ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **9**
 Husband of **Savil Robertson (deceased)**
 Wife **Wm. Gordon** Mother's Name **Jane** Maiden Name **Jane**
 Cause of Death { Primary **Carcinoma Uteri (2)** Immediate **Pneumonia** How long sick **6 weeks**
93 ~~Accident, Suicide, Homicide~~
 Reported by **M. Gibson Porter**
 Address **Donacoming Maryland**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Isaac H Shaper
 Town County

MARYLAND

Died at Cumberland

Allegheny

Date 1902

Month Day

Y. M. D.

Native of

Occupation

January 16

Age 72

Male

widow

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paresis

How long sick

2 years

Death

Immediate

Paralysis

66

Accident, Suicide, Homicide

Reported by

J. J. Wilson

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Martha Sheehouse

Town

County

Died at Cumberland

allegany

MARYLAND

Date 1902 Jan. 18

Month

Day

Y.

M.

D.

Age 49

Native of

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Mathias Sheehouse

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer

Death

Immediate

& exhaustion

How long sick

4 years

Accident, Suicide, Homicide

Reported by

Thos. H. Fenn M.P.

Address

9 S. Centre St

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full:

Certificate of Death

Chas. H. Shuck

Town

County

Died at

MARYLAND

Date 189

1902

Month

Day

July

14

Age

Y.

M.

D.

586

Native of

Occupation

Cumberland

Printer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

Wife

Father's

Name

Harry Shuck

Mother's

Name

Ann Shuck

Cause of

Primary

apoplexy

Death

Immediate

L

How long sick

a few days

Accident, Suicide, Homicide

Reported by

W. W. Winters

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Ida Smith

Town

County

MARYLAND

Died at

Lumberton Allegany

Date

1912

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 17

Age

35 - - Md

Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widow~~

Number of children living

5

~~Widowed~~

of

Michael Smith

Wife

Father's

Name

Robinette

Mother's

Name

Mrs Jesse Williams (now)

Cause of

Primary

Placenta previa

How long sick

1 day

Death

Immediate

Exhaustion from hemorrhage

Accident, Suicide, Homicide

Reported by

A. Duke & H. B. Neely

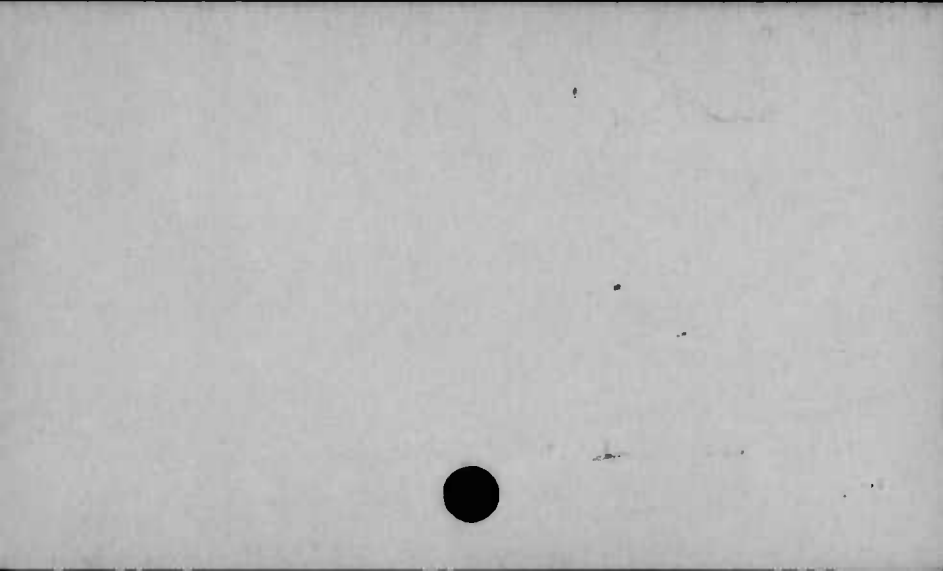
Address

Lumberton

Md

126

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gladins Shuck

Town

County

Died at Cumberland.

alligany

MARYLAND

Date 1902 Jan 17

Month

Day

Y.

M.

D.

Native of

Occupation

Age 2

Md.

child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name Gustav ShuckMother's
Maiden Name 93Cause of
Primary Immunity

How long sick

4 weeks

Death
Immediate Exhaustion

Accident, Suicide, Homicide

Reported by Thos. A. Fourn, MD

Address 9 Shuck Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1890

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

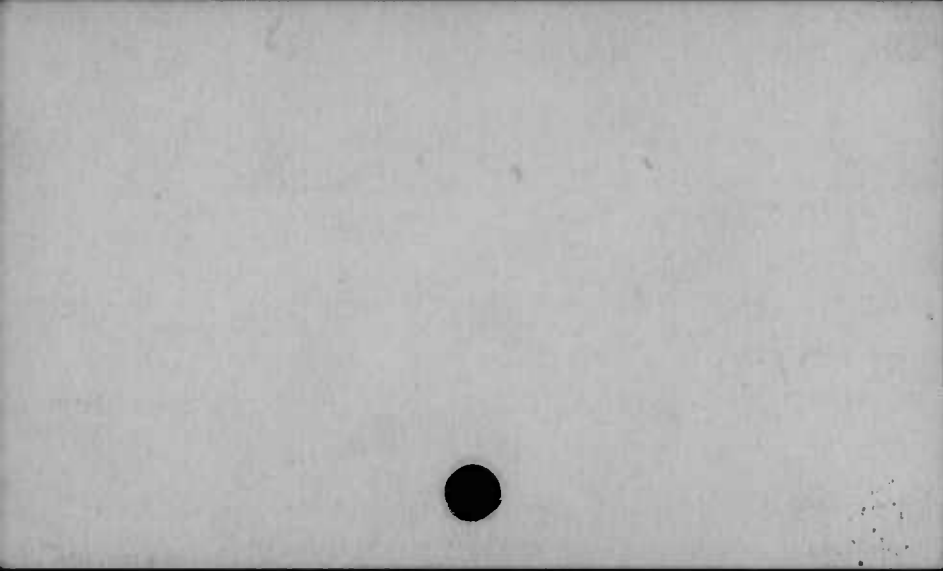
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Theodore Joseph Wallace

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 31

Age

2

6

Baltimore

Male

White

~~Mixed~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Thos. Wallace

Maiden Name

Mary Gault

Cause of

Primary

Scarlet fever

How long sick

3

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

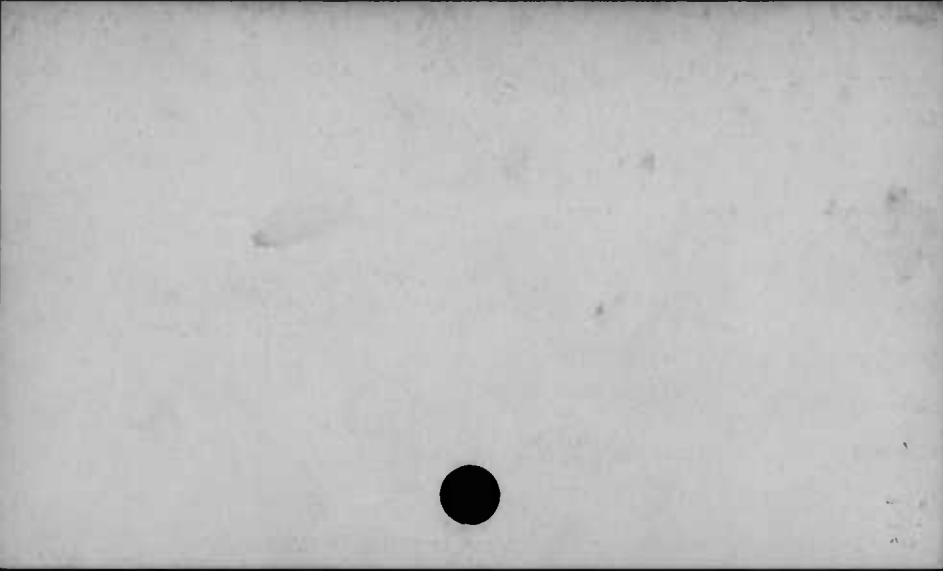
W. N. W. W.

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

J W Watkins

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 24

Age

23

Machinist

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

17 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

B. C. Miller

Address

Cumberland M. d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full

Certificate of Death

Frank Donald Weber
 Died at ^{Town} *Maple Side* ^{County} *Allegheny* MARYLAND
 Date 1902 ^{Month} *Jan* ^{Day} *20* Age ^{Y.} *22* ^{M.} *1* ^{D.} *3* Native of *Md* Occupation *Labourer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of

Wife

Father's Name *Nicholas Weber* Mother's Maiden Name *Catharine Fisher*

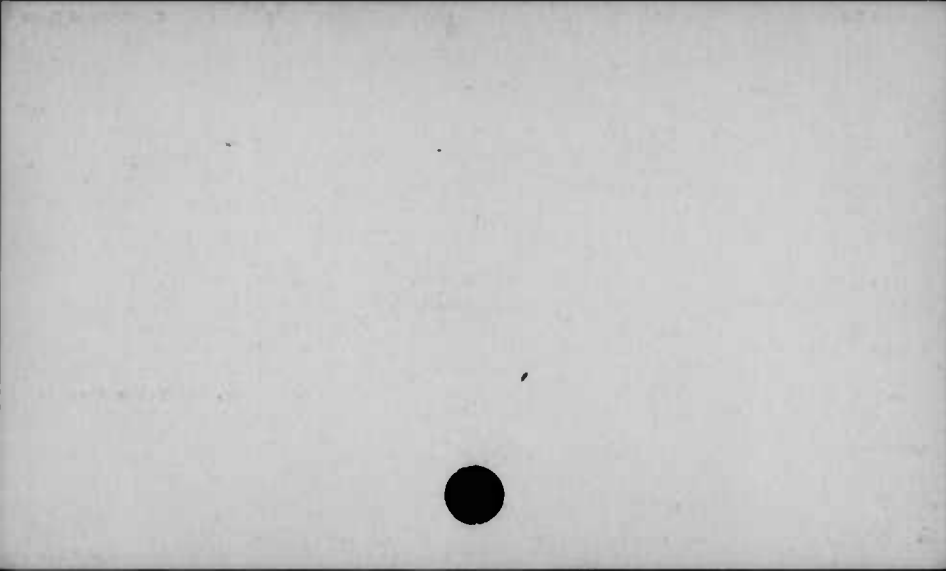
Cause of Death { Primary *Diphtheria* Immediate *Paralysis of Brain* } How long sick *2 wks*
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Infant of Nicholas Weber

Town

County

Died at

Mapleside

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 10

Age

— — 1

Md

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Nicholas Weber

Mother's

Maiden Name

Lulu Hoeff

Cause of

Primary

Still

How long sick

1 day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

D

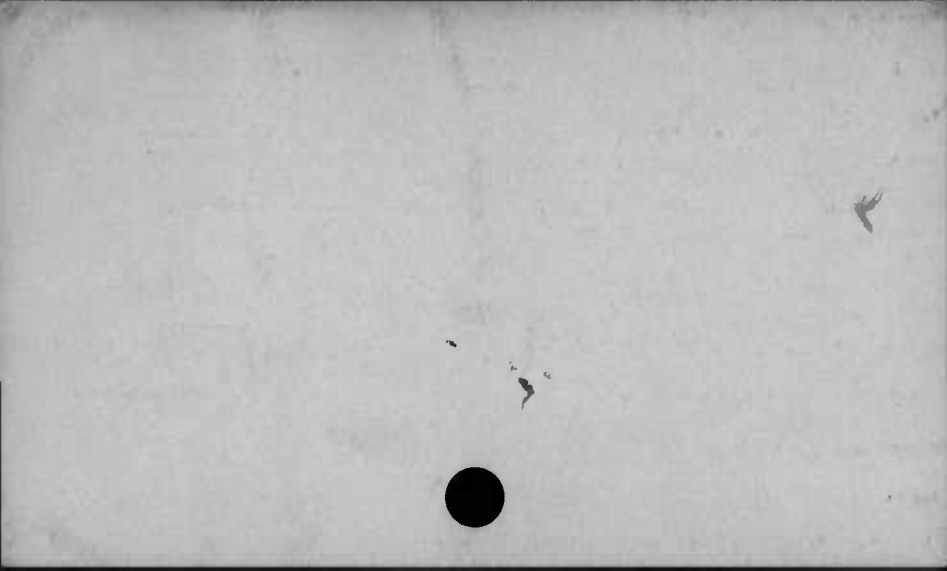
Broadnax

Address

Cumb

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Joseph Whetzel

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 8

Age

27

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Injury to Head

How long sick

6 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

B.C. Miller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Martha Paulina Higfield

Town

County

Died at *Cumbersland,* *Alleghany*

MARYLAND

Date *1902* *Jan* *18* *3* *Ohio* *Child*

☒ Male ☐ White ☒ Married ☐ Widower ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
of

Wife

Father's
Name *M. S. Higfield*

Mother's
Maiden Name

Cause of
Death { Primary *Scalds*
Immediate *Exhaustion*

How long sick
12 days

Accident, Suicide, Homicide

Reported by *Thos. W. Fournier, M.D.*

Address *9. Sluiter st.* *Cumbersland Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ernest Millican

Town

County

Died at

Annerland

allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 22

Age 19

Md

Merchant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name John Millican Maiden Name

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Thos H. Stover

Address

G. S. Cook, St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Harry Carl Wurzbacher

Town

County

Died at

MARYLAND

Date 1902 Jan 16

Month Day Y. M. D. Age 0 = 9 = 21

Native of City -

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Given Name

Cause of

Primary

Death

Immediate

How long sick

9 days.

Accident, Suicide, Homicide

Reported by



Address

100 Va an City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Martha Yephant

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis 27

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name In Full

Certificate of Death

J. Fred Zins

Town

County

Died at

Cumberland

Allegany

MARYLAND

Date 19

02

Month

Day

June 18

Age

21

Y.

M.

D.

Native of

Occupation

Cumberland

Lump Sum

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jas Zins

Maggie Warzacher

Cause of

Primary

Rough fall 30 ft

How long sick

18 hours

Death

Immediate

- - -

Accident, Suicide, Homicide

Reported by

W. W. Wiley

Address

Cumberland Md.

166.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

